

NOV 30 2007

FAX TRANSMISSION**DATE:** November 30, 2007**PTO IDENTIFIER:** Application Number 10/678,718-Conf. #9872
Patent Number**Inventor:** Stacey M. GAGE**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

EuiHoon Lee

PHONE: (617) 994-0881**Attorney Dkt. #:** MWS-031RCE**PAGES (Including Cover Sheet):** 8**CONTENTS:**

Request for Continued Examination Transmittal (1 page in duplicate)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate)
Fee Transmittal (1 page in duplicate)
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LAHIVE & COCKFIELD, LLP

One Post Office Square, Boston, Massachusetts 02109-2127
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

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PTO/SB/97 (09-04)

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Application No. (if known): 10/678,718

Attorney Docket No.: MWS-031RCE

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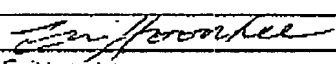
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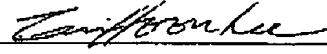
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known Application Number 10/678,718-Conf. #9872 Filing Date October 3, 2003 First Named Inventor Stacey M. GAGE Examiner Name J. C. Ochoa Art Unit 2123 Attorney Docket No. MWS-031RCE	
<input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 930.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues):							50
Each independent claim over 3 (including Reissues):							210
Multiple dependent claims							370
Total Claims							
Extra Claims							
Fee (\$)							
Fee Paid (\$)							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims							
Extra Claims							
Fee (\$)							
Fee Paid (\$)							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
- 100 =		/ 50 =		(round up to a whole number) x		Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge) 1601 Request for continued examination (RCE) (see 37 ... 810.00							
1251 Extension for response within first month 120.00							

SUBMITTED BY			
Signature 	Registration No (Attorney/Agent) L0248	Telephone (617) 994-0881	
Name (Print/Type) EunHoon Lee	Date November 30, 2007		

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Dated: November 30, 2007	Signature  (EunHoon Lee)